U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Street 851 Pierce Butler Route

G Rootes

Name Christopher

1. File Number

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Ironworkers Local 512

Labor Organization File Number 022-158

P.O. Box, Building and Room Number, if any

Street 851 Pierce Butler Route

| City ST. Paul | | City | St. Paul | | |
|--|---|-----------------------|--|--|--|
| State Minnesota | ZIP Code + 4 55104-1634 | State | Minnesota | ZIP Code + 4 55104-1634 | |
| 5. Position in labor organization. Organizer | | | | | |
| Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): | | | | | |
| A. Held an interest in, engaged in transac monetary value from an employer whos | tions (including loans) with, or e employees your organizati | derived i on repre | ncome or other eco sents or is actively | nomic benefit of seeking to represent. | |
| 6. Name and address of Employer (including to | ade name, if any). | 7.a. Na | ture of Interest, Trans | action, or Income. | |
| Name | | | | | |
| Trade Name, if any: | | | | | |
| P.O. Box, Bldg., Room No., if any | | | | | |
| Street | | 7.b. Am | ount. | | |
| ou ou | | | | | |
| City | | | | \$0 | |
| State | ZIP Code + 4 | | | | |
| Signature | | | | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the infor ation submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | | | |
| Signed Chartopher | G. Roter | On | 07/06/2005 | (612)489-0841 | |
| | | | Date | Telephone Number | |

| Name of Person Filing Christopher Rootes | File Number U- | | | |
|--|---|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | | | |
| Name Klein Tools, Inc. | | | | |
| Trade Name, if any: | a. Labor Organization | | | |
| P.O. Box, Bldg., Room No., if any P.O. Box 599033 | b. Trust | | | |
| Street | c. Employer | | | |
| City Chicago | | | | |
| State Illinois ZIP Code + 4 60659-9033 | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | | |
| Name Nat. Ironworkers Employers Appr. Training & | Supplies tools to appr. instructors and local union members at Appr. Instructors Training Conf. | | | |
| Trade Name, if any: Journeymen upgrading Fund | | | | |
| P.O. Box, Bldg., Room No., if any Siute 400 | | | | |
| Street 1750 New York Ave. NW | 44 h Approximate dellar value of evel dealine | | | |
| City Washington | 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. | | | |
| State District of Columbia ZIP Code + 4 20006 | Dinner & reception in conjuction with Annual Ironworkers Appr. Instructors Training Conf. on 7/20/04,in San Diego, CA | | | |
| | 12.b. Amount. \$45 | | | |
| C. Received from any employer (other than an employer covered under parts A and B above) | | | | |
| or from any labor relations consultant to an employer any payment of money or other thing of value. | | | | |
| Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | | |
| Name | | | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bldg., Room No., if any | | | | |
| Street | | | | |
| City | | | | |
| State ZIP Code + 4 | | | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | | | |

| Name of Person Filing Christopher Rootes | File Number U- |
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | | | |
|---|---|--|--|--|
| Name Nat. Ironworkers & Employers Appr. Training | a. Labor Organization | | | |
| Trade Name, if any: & Journeyman Upgrading Fund | | | | |
| P.O. Box, Bldg., Room No., if any Suite 400 | b. Trust | | | |
| Street 1750 New York Ave. NW | c. Employer | | | |
| City Washington | | | | |
| State District of Columbia ZIP Code + 4 20006 | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | | |
| Name | Provides training programs to local union instructors and local union employees. | | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bldg., Room No., if any | | | | |
| Street | | | | |
| City | | | | |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. ひん てんこいん | | | |
| | 12.a. Nature of interest held or income received. | | | |
| | Dinner in connection with Annual Ironworkers Appr. Instructors Training Conference in San Diego, CA on 7/21/04. | | | |
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| | 12.b. Amount. \$20 | | | |

| Name of Person Filing | Christopher Rootes | File Number U- |
|-----------------------|--------------------|----------------|
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | | | |
|---|--|--|--|--|
| Name Twin City Ironworkers Appr. & Training Fund | a. Labor Organization | | | |
| Trade Name, if any: | a. Labor Organization | | | |
| P.O. Box, Bldg., Room No., if any Suite 500 | b. Trust | | | |
| Street 3001 Metro Blvd. | c. Employer | | | |
| City Bloomington | | | | |
| State Minnesota ZIP Code + 4 55425-1412 | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | | |
| Name | Provides Appr.Training & Journeyman upgrading services. | | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bldg., Room No., if any | | | | |
| Street | | | | |
| City | | | | |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. \$300,000 | | | |
| | 12.a. Nature of interest held or income received. | | | |
| | Dinner provided in connection with attendance at Appr. Graduation Ceremonies on 4/30/04 & 10/29/04, in St. Paul,MN | | | |
| | | | | |
| | | | | |
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| | 12.b. Amount. \$78 | | | |